

Woodbridge Medical Centre

Quality Report

Jubilee Gardens, Southall, Ealing, UB1 2TJ
Tel: 0203 3137870
Website: www.woodbridgemedicalcentre.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodbridge Medical Centre on 1 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available although it was not prominently displayed in the waiting area for patients to view.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure an anaphylaxis kit is available in the practice nurse's room when giving vaccines.
- Provide easily accessible instructions on the procedure to take if the vaccine fridge goes out of range.
- Ensure notices for support groups and organisations and information on the complaints procedure is displayed prominently in the practice waiting room on the first floor for patients to view in addition to the community waiting area on the ground floor.

Summary of findings

- Develop a programme of clinical audit to ensure outcomes for patients are maintained and improved.
- Develop a formal strategy to deliver the practice vision.
- Ensure all clinical staff have an adequate understanding of the Mental Capacity Act 2005.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed and effective procedures for staff recruitment were in place.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits were undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available. However, we found insufficient information on support services displayed in the waiting area for patients to view.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, although it was not prominently displayed in the waiting room for patients to view.

Good



Are services well-led?

The practice is rated as good for being well-led.

- It had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal strategy to deliver this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement within the practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Saturday appointments were available for patients who wished to be accompanied by a family member. A service offering transport to the surgery “Plusbus” was offered.
- The practice had a named GP for all patients over 75.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The prevalence for diabetes was double the CCG average and the practice had scored above CCG / national average in their QOF performance in the previous year for diabetes related indicators.
- The prevalence for hypertension was 50% above the CCG average and the practice had scored above CCG / national average in their QOF performance in the previous year for hypertension related indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- All children were provided with same day appointments when requested.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 83.1%, which was comparable to the CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with health visitors who were based in the health centre where the practice was located.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered evening appointments four days a week and weekend appointments which were of particular benefit for working patients who could not attend during normal opening hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, the housebound and those with a learning disability. The practice had helped two homeless patients secure accommodation.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 252 patients had been screened for dementia in the previous year.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Flexible appointments were available for this population group.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 425 survey forms were distributed and 112 were returned.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 68.7% and a national average of 73.3%.
- 75% found the receptionists at this surgery helpful (CCG average 81.2%, national average 86.8%).
- 80.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79.4%, national average 85.2%).
- 85.9% said the last appointment they got was convenient (CCG average 86.9%, national average 91.8%).

- 70.8% described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 58.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 52.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Comments included that staff were caring, polite and listened to patients, the practice was clean and hygienic and the overall service was good.

We spoke with 11 patients during the inspection including three members of the patient participation group (PPG). All 11 patients said that they were happy with the care they received and thought staff were approachable, committed and caring.

Woodbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and an Expert by Experience.

Background to Woodbridge Medical Centre

Woodbridge Medical Centre is situated at Jubilee Gardens, Southall Ealing, UB1 2TJ in a health centre which it shares with another GP practice and local community services. The practice provides NHS primary care services through an Alternative Provider Medical Services (APMS) contract to approximately 5,000 people living in the London Borough of Ealing.

The practice population is multicultural with the majority being of South-East Asian origin. There is a higher proportion of 25 to 39 year old and under 4 and lower proportions of older people. The practice area is rated in the fourth more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services, surgical procedures and family planning.

The practice has two male GP Partners and one female salaried GP (23 sessions in total). The practice team

consists of a practice nurse (32 hours / week) and a healthcare assistant (34 hours / week). There is a Practice Manager and Assistant Practice Manager who are supported by an administrative and reception team.

The practice is open between 8.00am and 7.00pm five days a week. Clinical appointments are available from 9.00am to 12.30pm every morning and 4.30pm to 6.30pm in the afternoon. An extended hours surgery is held on Saturday morning from 9.30am to 12.30pm which includes both GP and nurse appointments. The phone lines are open on Saturday from 10.30am to 11.30am. When the surgery is closed, out-of-hours services are provided by Harmoni via 111 and details can be found on the practice website.

The practice is open on Sunday on a rota basis with other practices in the area as part of a new service offered by Ealing CCG as a result of funding awarded from the Prime Minister's Challenge Fund. This enables Ealing residents to access GP services seven days a week. The practice also participates in the Winter Enhanced service and offers lunchtime appointments on Thursdays (Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services. NHS England commissions these services across England).

The practice provided a wide range of services including clinics for chronic illnesses, childhood immunisations and child health surveillance, ear syringing, well woman clinics, family planning, NHS health checks, cervical smears, smoking cessation, travel vaccinations and dementia screening.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff (two GPs, a practice nurse, a healthcare assistant, practice manager, assistant practice manager and two non-clinical staff) and spoke with 11 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

- Reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out analyses of significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recent significant event involved a referral being faxed to the wrong service without a practice cover sheet or transmission report. The practice had taken action and had reviewed the practices' fax policy and re-trained staff to minimise the risk of recurrence.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke to knew who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs, the practice nurse, healthcare assistant and practice manager were trained to Safeguarding Level 3.
- Notices in consultation rooms advised patients that staff would act as chaperones if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check).

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, there was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken by NHS England in the current year and a score of 97.8% had been awarded. We saw evidence that action was taken to address the improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were signed and dated by the GP Lead and Practice Nurse. The health care assistant did not administer vaccines.
- We reviewed three personnel files of employed staff and three locum staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments, carried out regular fire drills and had designated staff acting as fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked annually to ensure it was working properly. The practice also had other risk assessments in place to monitor safety of the premises including legionella.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons. Staff we spoke to knew how to use these.
- All staff received annual basic life support training and there were emergency medicines available in the doctor's room. The practice ensured GPs were always available in case of emergencies, and there was a named GP on call for emergencies at all times.
- An anaphylaxis kit was available in the GPs room but not in the nurses room where vaccines were administered.
- The practice had a defibrillator available on the premises and oxygen with adult masks. At the time of our visit child masks were on order. There was also a first aid kit and accident book available. Although only the GPs had undertaken defibrillator training the practice had carried out a risk assessment to ensure risks were minimised. In addition the practice assured us that in future all staff would receive defibrillator training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE), British Medical Association (BMA), General Medical Council (GMC), Clinical Commissioning Group (CCG) and best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available, with 9.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average. (96.5% compared to CCG average of 85.6% and national average of 89.2%).
- Performance for hypertension related indicators was above the CCG and national average (100% compared to CCG average of 97% and national average of 97.8%).
- Performance for mental health related indicators was above the CCG and national average (100% compared to CCG average of 95.9% and national average of 92.8%).
- The dementia diagnosis rate was above the CCG and national average (100% compared to CCG average of 96.3% and national average of 94.5%).

The practice provided a holistic approach to management of new patients diagnosed with diabetes by providing one appointment for all necessary actions. This included a full diabetic check, eye screening, checks for complications such as kidney disease and referral to specialists.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed over the last year, which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of NICE guidelines for the management of COPD, ensuring COPD patients were supplied with rescue medication and reviewing repeat prescribing procedures.

Information about patients' outcomes was used to make improvements, for example;

- The practice had identified that they were an outlier for antibiotic prescribing (amoxiclav and cephalosporins). This had been discussed in a clinical meeting and prescribing reviewed. As a result the practice were now prescribing these antibiotics in line with the CCG average.
- The practice had identified that they were an outlier for cancer admission rates. This had been discussed in a clinical meeting and patients reviewed. As a result the practices' cancer admission rates were now in line with CCG average.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support, information governance awareness and chaperoning. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

The GPs sought patients' consent to care and treatment in line with legislation and guidance.

- The GPs we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- When providing care and treatment for children and young people, GPs carried out assessments of capacity to consent in line with relevant guidance.
- However, we found other clinical staff had only a basic understanding of consent and it was therefore unclear how they would make healthcare decisions for those patients who lacked capacity.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were either given advice or signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national averages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice had achieved the CCG target of 90% for all childhood immunisations. Latest figures for flu vaccination rates were 73% for the over 65s and 53% for at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had achieved health checks for 66% of the eligible patients which was well above the target of 20%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 46 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83.6% said the GP was good at listening to them compared to the CCG average of 84% and national average of 88.6%.
- 77.8% said the GP gave them enough time (CCG average 80.5%, national average 86.6%).
- 98.3% said they had confidence and trust in the last GP they saw (CCG average 92.6%, national average 95.2%).
- 84.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.8%, national average 85.1%).

- 82.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90.4%).
- 75% said they found the receptionists at the practice helpful (CCG average 81.2%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86%.
- 85.3% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 82.6% and national average of 89.6%.
- 80.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81.4%).
- 77.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77.1%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language. The GPs also spoke Tamil which was useful for the practice population group which was 65% Tamil speaking.

Patient and carer support to cope emotionally with care and treatment

Although information was displayed in the community waiting area on the ground floor, we found a lack of notices in the practice waiting area on the first floor informing patients how to access different support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carers and 19 carers had been identified.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had engaged with Ealing CCG to provide Sunday opening in collaboration with other practices in the local area.

- The practice offered evening appointments four days a week and weekend appointments which were of particular benefit for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations and online appointment booking were available.
- There were disabled facilities, hearing loop and translation services available.
- The practice participated in the unplanned admissions Enhanced service to reduce unnecessary emergency admissions to secondary care of at risk patients and they had achieved the 2% target for care planning.

Access to the service

The practice was open between 8.00am and 7.00pm five days a week. Clinical appointments were available from 9.00am to 12.30pm every morning and 4.30pm to 6.30pm in the afternoon. An extended hours surgery was held on Saturday morning from 9.30am to 12.30pm which included GP and nurse appointments. The phone lines were open on Saturday from 10.30am to 11.30am. When the surgery was closed, out-of-hours services were provided by Harmoni via 111 and details could be found on the practice website. The practice was open on Sunday on a rota basis with other practices in the area as part of a new service offered by Ealing CCG as a result of funding awarded from the Prime

Minister's Challenge Fund. This enabled Ealing residents to access GP services 7 days a week. The practice also participated in the Winter Enhanced service and offered lunchtime appointments on Thursdays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 75.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.8% and national average of 74.9%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 68.7%, national average 73.3%).
- 70.8% patients described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 58.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 52.5%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a leaflet and poster but these were not prominently displayed in the waiting room.

We looked at two written complaints received in the last 12 months and these had been satisfactorily handled and dealt with in a timely way and response letters included details of how to contact an advocacy service and the NHS Ombudsman if not satisfied.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal strategy and supporting business plans in place to deliver it.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- There was not a programme of continuous clinical audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings and the meeting minutes we reviewed confirmed this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. The Senior Partner also held weekly one-to-one meetings with the Practice Nurse.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice but not all staff were involved in discussions about how to run and develop the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, on-line appointments and changes to the telephone system.
- The practice had also gathered feedback from staff through appraisal and informal discussions with the GP partners and practice manager. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example a receptionist we interviewed told us had been encouraged to train to become a practice manager. The practice team was forward thinking and part of local pilot schemes, for example the Prime Minister's Challenge Fund and Winter Enhanced Service to improve outcomes for patients in the area.